
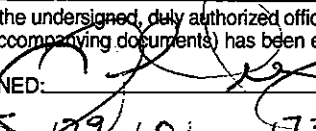
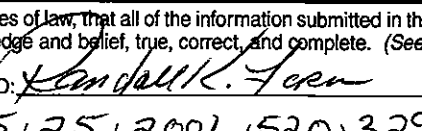


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 501-834	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:		
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.) First Name RANDALL Last Name FARMER P.O. Box • Building and Room Number (if any) Number and Street 3596 W. 20TH PLACE City YUMA State ZIP Code + 4 AZ 85364-5920		
4. AFFILIATION OR ORGANIZATION NAME AFGE AFL-CIO						
5. DESIGNATION (Local, Lodge, etc.) COUNCIL		6. DESIGNATION NUMBER 117				
7. UNIT NAME (if any) NATIONAL TENS COUNCIL						
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No						
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) <table border="1"><tr><td>Item Number 76</td><td>THE PRESIDENT WAS SENT THE ORIGINAL (FIRST) AND HAS FOR HIS SIGNATURE AND HAS NOT RETURNED IT TO ME AS OF YET. THE EXECUTIVE VP (PAST PRESIDENT) IS SIGNING FOR HIM.</td></tr></table>					Item Number 76	THE PRESIDENT WAS SENT THE ORIGINAL (FIRST) AND HAS FOR HIS SIGNATURE AND HAS NOT RETURNED IT TO ME AS OF YET. THE EXECUTIVE VP (PAST PRESIDENT) IS SIGNING FOR HIM.
Item Number 76	THE PRESIDENT WAS SENT THE ORIGINAL (FIRST) AND HAS FOR HIS SIGNATURE AND HAS NOT RETURNED IT TO ME AS OF YET. THE EXECUTIVE VP (PAST PRESIDENT) IS SIGNING FOR HIM.					
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)						
76. SIGNED:  5/29/01 (732) 928-3847 Date Telephone Number		77. SIGNED:  05/25/2001 (520) 329-8763 Date Telephone Number		TREASURER (If other title, see instructions.)		

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 6208

19. What is the date of your organization's next regular election of officers? MO 09 YEAR 2002

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 4.50 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

- | | Yes | No |
|--|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | X |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 501-834

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash		360264	252889
	26. Accounts Receivable			0
	27. Loans Receivable	1		1000
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5		68000
	31. Other Assets	3		
	32. TOTAL ASSETS		360264	321889
LIABILITIES	33. Accounts Payable			
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4		
	37. TOTAL LIABILITIES			
	38. NET ASSETS (Item 32 less Item 37)		360264	321889

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 501-834

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			318485	56. To Officers	9		15173
40. Per Capita Tax			1332	57. To Employees	10		3247
41. Fees				58. Per Capita Tax			
42. Fines				59. Fees, Fines, Assessments, etc.			135
43. Assessments				60. Office & Administrative Expense	13		369534
44. Work Permits				61. Educational & Publicity Expense ...			
45. Sale of Supplies			337	62. Professional Fees			26287
46. Interest			11517	63. Benefits	11		
47. Dividends				64. Contributions, Gifts & Grants	12		10000
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			1946
50. Loans Obtained	8			67. Withholding Taxes			57499
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		1000
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14			71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			
				73. Other Disbursements	15		1056
55. TOTAL RECEIPTS			331671	74. TOTAL DISBURSEMENTS			485877

FILE NUMBER: 501-834

SCHEDULE 1 — LOANS RECEIVABLE

Form LM-2 (Revised 2000)

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 501-834

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 501-834


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	75,000	7,000	68,000	65,000
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	75,000	7,000	68,000	65,000
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 501-834

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. COMPUTERS/SOFTWARE/COMPUTER REPAIRS	57,499	50,000	57,499
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		57499
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
Column (C)			with Explanation		Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 501-834

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. <small>Last Name</small> MAGEE <small>First Name</small> MICHAEL <small>Title</small> PRESIDENT <small>Status</small> C		0	0	0	0	0
2. <small>Last Name</small> MURPHY <small>First Name</small> CHARLES <small>Title</small> EXECUTIVE VP <small>Status</small> C		0	0	0	0	0
3. <small>Last Name</small> FARMER <small>First Name</small> RANDALL <small>Title</small> SECRETARY/TREAS <small>Status</small> C		15538	0	0	0	15538
4. <small>Last Name</small> GENTILE <small>First Name</small> IGNATIUS <small>Title</small> ERVP <small>Status</small> C		0	0	0	0	0
5. <small>Last Name</small> ROGERS <small>First Name</small> MABEL <small>Title</small> CRVP <small>Status</small> C		380	0	0	0	380
6. <small>Last Name</small> CALLAHAN <small>First Name</small> RANDY <small>Title</small> WRVP <small>Status</small> C		0	0	0	0	0
7. <small>Last Name</small> WILLIAMS <small>First Name</small> MILDRED <small>Title</small> VP-AT-LARGE <small>Status</small> C		0	0	0	0	0
8. Totals from additional pages (if any)		745				745
9. Totals of Lines 1 through 8		16663				16663
				10. Less Deductions		1490
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements		15173

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.
(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 501-834

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>					
1.	<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>					
2.	<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>					
3.	<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>					
4.	<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>					
5.	<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>					
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		3703				3703
8. Totals of Lines 1 through 7		3703				3703
9. Less Deductions				456		
Enter the Total from Line 10 in..... Item 57 ⇨				10. Net Disbursements 3247		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 501-834

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		
Enter the Total from Line 6		Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. LAF CONTRIBUTION to AFGE	10,000
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	10000
Enter the Total from Line 8 in	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SEE ATTACHMENT	
2. PAGE	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	181,816
8. Total of Lines 1 through 7	369534
Enter the Total from Line 8 in	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SURETY BOND	1,056
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1,056
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME
NATIONAL IFTS COUNCIL

ENDING DATE OF PERIOD COVERED: **12/31/2001**

FILE NUMBER: **501-834**

PAGE **1** OF **1** ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name NEUERBURG First Name BRENDA Title VP-AT-LARGE Status C		0	0	0	0	0
Last Name KRAMAR First Name JOHN Title VP-AT-LARGE Status C		0	0	0	0	0
Last Name CALDERAS First Name JULIAN Title STAFF ASSISTANT Status C		745	0	0	0	745
Last Name RAMIREZ First Name GEORGE Title STAFF ASSISTANT Status C						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Totals		745				745

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Totals						

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
Totals						

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
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<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
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<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
Totals						

Continuation of LM-2 Labor Organization Annual Report

5 0 1 8 3 4

File Number

12/31/2000

Ending Period

Affiliation or Organization Name

Designation/Number

Page 2 of 2

Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
TELEPHONE/COMMUNICATIONS	25,461
CONVENTION/COUNCIL MEETINGS	45,238
COMPUTERS/EQUIPMENT	81,388
OFFICE SUPPLIES	26,402
POSTAGE	7,254
PRINTING	1,975
REPRESENTATION	23,662
TRAINING	18,980
TRAVEL	139,174

